

ARKANSAS INSURANCE DEPARTMENT
ACCOUNTING DIVISION
1200 WEST THIRD STREET, SUITE 345
LITTLE ROCK AR 72201-1904

**ANNUAL STATEMENT OF SURPLUS LINE BROKER
FOR YEAR ENDING DECEMBER 31, 20_____**

NAME OF RESIDENT SURPLUS LINE BROKER OR CORPORATION OR
NONRESIDENT SURPLUS LINE BROKER

State of _____

City and County of _____, _____

_____ first being duly sworn, deposes and says that as a licensed
resident surplus line broker or nonresident surplus line broker for the year indicated, the information
contained herein is a complete, true and correct report as to Arkansas surplus line business written by
the undersigned, to the best of my knowledge, information and belief.

Signature of Surplus Line Broker or Nonresident Surplus Line Broker

Address

Telephone Number

Subscribed and sworn to or affirmed before me this ____ day of _____, 20____.

Notary Public

My commission expires _____, 20____.

FORM AID AC SL-4

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